

HEALTH & HUMAN SERVICES COMMITTEE

of the

Suffolk County Legislature

Minutes

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on May 11, 2006.

Members Present:

Legislator Eli Mystal • Chairman
Legislator Steve Stern • Vice•Chair
Legislator Jack Eddington
Legislator Edward Romaine
Legislator John Kennedy

Also in Attendance:

George Nolan • Counsel to the Legislature
Renee Ortiz • Chief Deputy Clerk/Suffolk County Legislature
John Ortiz • Senior Budget Analyst/Budget Review Office
Barbara LoMoriello • Aide to Presiding Officer Lindsay
Paul Perillie • Aide to Majority Caucus
Linda Bay • Aide to Minority Caucus
Ben Zwirn • Assistant County Executive
Richard Chamberlain • County Executive Assistant
Jacqueline Caputi • County Attorney's Office
Janet DeMarzo • Commissioner/Department of Social Services
Ed Hernandez • Deputy Commissioner/Department of Social Services
Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services
Dr. David Graham • Chief Deputy Commissioner/Dept of Health Services

Len Marchese • Director of Management & Research/DHS
Steven Moll • Island Public Affairs
Anita Fleishman • Executive Director/Pederson•Krag Center
Judy Pannullo • Executive Director/Suffolk Community Council
John Gilmore • President•NYC Metro Chapter/National Autism Assoc.
Christine Heeren • President•Long Island Chapter/National Autism Assoc.
Joan Zichittella • Resident of Rocky Point/National Autism Assoc
Nina Schaffer • Parent/National Autism Association
Randi Kessler • Parent/National Autism Association
Ann Druckenmillioner • Resident of Hauppauge
Rosemary Mango • Resident of Hauppauge
Jacqueline Hasson • Nominee/SC Youth Board Coordinating Council
Sandy Sullivan • Legislative Director/AME
Susan Eckert • United Cerebral Palsy of Suffolk
All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(*The meeting was called to order at 12:32 PM*)

CHAIRMAN MYSTAL:

We have a quorum. Please rise for the pledge to the flag.

Salutation

Thank you. Good afternoon to all. We have a presentation today from the Suffolk Community Council. Would please Ms. Judy Pannullo and John Gilmore please come to the table and make your presentation, please.

MS. PANNULLO:

We're actually not giving a dual presentation, this is the first time I've met him. I'm Judy Pannullo.

MR. GILMORE:

John Gilmore. How are you?

MS. PANNULLO:

But I think he's next. Good afternoon. My name is Judy Pannullo, I'm the Executive Director of the Suffolk Community Council. And we were asked to give a brief overview of the social service issues in Suffolk County. And I hope you'll bear with me, I've given many presentations but I've never done a Power Point, so I'm hoping it will be okay. What you have in front of you • I think it has been passed out •• is a copy of the slides. I'll be brief and if you have any questions, please feel free to ask.

We're working in partnership. Hundreds of not•for•profits agencies serve tens of thousands of clients in Suffolk County and the County counts on these agencies to serve the more vulnerable population, and the Suffolk Community Council serves as an umbrella agency to these agencies. The poor and needy are your constituents. You are the voice, you're their voice in the Legislature and we are your partners. We work toward a common goal of helping the most vulnerable members of our community and positive change will provide a lasting legacy.

On the issue of mental health •• we're just covering a few of the issues because obviously we can't cover all of the social issues, but we're just covering a few. There are over 50,000 people using the service of mental health agencies in Suffolk County. And it has been reported that there's a three to six month wait for first appointments to see a mental health care provider, and there are numerous mandates that keep non•emergency patients from being seen in a timely fashion; Of course emergencies have to come first, but it does slow down the whole process.

We suggest strongly that there has to be parity in mental health insurance, that's the Timothy's Law that says that everybody is •• the insurance should pay for mental health coverage, and we have to continue to fight the stigma of mental health and substance abuse. And people afflicted with these disorders must be placed in appropriate levels of services, treated and supervised and living within their own communities.

On the issue of homelessness, there's 2,728 people who are homeless in

Suffolk County; 1,506 people live in shelters. The majority are single men. There's been some change, there's fewer •• there's an increase in singles and fewer in families, over the last two years there's been changes, and there are over 30 agencies that house the homeless. There has to be an increase in funding for programs that prevent homelessness. Sometimes just a few hundred dollars can really make a difference in a family and that can keep them from being evicted and becoming homeless. Social services really must be provided for anybody living in hotels and motels which I don't think is happening, only occasionally but sometimes services are not provided.

On the issue of domestic violence, more than 10,000 people use the services of domestic violence agencies. Last summer alone in a two month period, more than three women •• a minimum of three women were killed due to domestic violence. The need for service has grown enormously because of the good work of the government you all are doing and the agencies and informing people that they can actually get help through the courts which people didn't know. And the good work that's been done, in addition to all the obvious, is that 10 or 15 years ago, maybe even as long as 20 years ago, one out of every two victims needed to be in shelters, that's changed significant, now only one out of every hundred, and this is due to advocating on behalf of the victims and services that are available and funding that's been allowed to happen.

It's become more cost effective because there's matching money that comes in from the Federal government, so less money has to be expended by the County. Some •• the minimum is 50% reimbursement from Federal government, some are reimbursed as much as 90 and 100%. However, the funding is in jeopardy because contracts are currently based for domestic violence at 2002 numbers. The Omnibus bill helped to fill in that gap, but there is deep concern that the Omnibus bill will be done away with, I don't know if that's just a rumor or what but people are afraid that they'll go back to 2002 funding levels.

On the issue of health, there's over 70,000 people using the services of the County Health Services which translates to 320,000 visits annually. And with the shortage of visiting nurses being more than half of what it should

be, many people can't be cared for in their homes. And an extraordinary number of people use emergency rooms as their primary care providers, costing the County millions of dollars.

On the issue of disability, there are currently 8,000 people using the services of agencies that work with the disabled. Accessibility still remains a problem for those who are handicapped, and medical accessibility, we have just come to learn •• and this is a new issue that the Council is taking on •• is a real problem. It starts from sometimes people are parked just temporarily in a handicapped spot, so parking is a problem; getting into the building could be a problem if the door is more than five pounds; if you get in an elevator and the buttons are too high, these all cause problems. Once you get in to the reception, the desk could be too high if you're in a wheel chair, and if you're visually impaired that's a problem too because you can't fill out forms and they're not willing to help you. So sensitivity to people with disabilities needs to be improved.

On youth, there are currently 30 gangs in Suffolk County. Countless children still need the services of Child Protective Services and approximately 2,000 teen pregnancies occur every year in Suffolk County.

So what can we do? An ounce of prevention is always worth a pound of cure. We should help keep elderly and disabled citizens out of nursing homes by fully funding the visiting nurse service. We should keep citizens out of expensive emergency rooms and hospitals and consider reopening the Bay Shore Clinic. There should be increased funding for the clinic services; we should save money by reducing visits to hospital emergency rooms and avoid unnecessary hospitalization; we should support the County Executive's initiative to create alternatives to incarceration for mentally ill offenders; and we should increase funding for programs that prevent homelessness, reduce gang membership and teen pregnancies by increasing funding for after •school and other youth programs and provide social services to everyone receiving housing services.

And we encourage each and every one of you to visit agencies that care for Suffolk County's more vulnerable population. Come see for yourself how much they are needed, how much work they're doing, how much good

they're doing. We could arrange for a visit, if you'd like, to go to a homeless center, a soup kitchen, a group home, continuing day•care center for the mentally ill, and we would like to help. And that's a very brief, doesn't cover everything, brief overview and I'm happy to take any questions.

CHAIRMAN MYSTAL:

Before we go to the questions and cards. I want to thank you very much, Judy, for coming and doing this presentation. Mr. Gilmore, could you sit there and wait for a minute and let me •• I was wondering if we should get Mr. Gilmore to do his presentation that way we can dispense with the presentations and we can ask them both questions at the same time. Mr. Gilmore, go ahead.

MR. GILMORE:

Okay. Thank you, Mr. Chairman. Thank you members of the committee. My name is John Gilmore and I am the President of the New York City Metro Chapter of the National Autism Association. There are two chapters of the National Autism Association in the Long Island area. We also have here today Christine Heeren who is videoing today, she is the President of the Long Island Chapter of the National Autism Association. And we are here basically because we are concerned about some of the practices that may be going on at Suffolk County's hospital and public health clinics, specifically regarding the use of mercury containing vaccines and immunization programs.

As I'm sure most of you are aware, this is a very controversial topic. I believe, correct me if I'm wrong, that last year the Suffolk County Legislature passed a resolution recommending that the Federal government and other levels of government basically take a very hard look at this issue, at the relationship between mercury in vaccines and neurological damage issues to American children.

And just to give you a little background, basically •• well, first what I want you people to do is to consider passing a resolution or a law, I'm not policy expert, that would direct the public health programs of Suffolk County to use only mercury•free vaccines in all immunization programs in the County. There are a hundred percent mercury•free vaccines available for every

vaccine that's required and many that are not required. What the issue is, for a little background, as you know, mercury is a highly neurotoxic substance, it has been used as a preservative and disinfectant in the vaccine production process for close to 70 years. This really came to the floor as an issue in the late 80's when the number of vaccines given to American children was essentially quadrupled. Most of these vaccines had a quantity of mercury used as a preservative.

The effect and amount of mercury kids were being exposed to was never looked at until a group of parents in New Jersey got their member of Congress to compel the FDA to do this; once they added it up, they found the children were regularly being exposed to hundreds of times more mercury than would be considered for an adult to be exposed to in a single day. At the same time that we had this huge increase in the amount of mercury that American children were being exposed to, there was a phenomenal increase in the number of children with neurological disorders; autism, Ticks, Tourettes Syndrome, ADDHD, just the whole gamut. There is a large and growing body of evidence directly linking mercury exposure to these disorders.

Now, once the FDA got around to adding up what the exposure level was, there was a policy directive put out by the American Academy of Pediatrics and the United States Public Health Service directing the vaccine manufacturers to get the mercury out of the vaccines as soon as possible; this was in 1999. In 2000, the Institute of Medicine of the National Academy of Sciences put out a policy directive advising the Federal government to recall all mercury-containing vaccines regardless of what the cost would be, okay; the Federal government chose to disregard this advice. So it took a good six or seven years to get mercury out of the mandatory vaccines, unfortunately we're in a place now where a child can receive all the mandatory vaccines to attend school in mercury-free versions.

What's more the issue these days is the flu shot. There are several versions of the flu shot, some versions •• one version is completely mercury-free, another version has a large quantity of mercury and there's a couple of other versions that are somewhere in between. Now, the flu shot is not

mandatory, it's effectiveness in small children is questionable, yet the CDC, the Centers for Disease Control, recently recommended that the age at which a flu shot is given to American children be lowered from three years to six months, okay. And they have also stated no preference of whether that is a mercury•free or a mercury•containing shot.

Now, if I could •• hopefully you got a copy of the statement I gave to you. Gentlemen, if you could please turn to the chart on the last page of my handout, you'll see a chart that shows how much mercury in excess of the daily maximum adult exposure limits a child would be exposed to if they got the ordinary flu shot that contains mercury. Now, for example, the first one, a 12 pound baby that got the mercury•containing flu shot would be exposed to essentially 22 times as much mercury as would be considered safe for an adult. Now •• and this actually, gentlemen, is a conservative estimate because this is for the version of the flu shot which is given to children under three; for a child over three, you would double the amount of mercury in this chart, okay.

So, for example, if you take a look at a 30 pound child, they would be exposed to 917%; that is if they got the shot for children under three, if they got the shot for children over three it would be twice that.

Now, it's actually quite stunning. The Federal government has actually never done any studies testing the actual safety of mercury in shots. Thimerosal, the ethyl mercury compound that's used in shots came on to the market in 1929 and when the FDA was approving it in the 1930's it was simply grandfathered in and they've really sort of avoided looking at the issue ever since.

Now, it may seem sort of odd that here I am in front of a County Legislature discussing these types of issues when traditionally these drug safety issues have been taken over by the •• it's a Federal issue. I don't think I have to make much of an argument to anybody here that there is something seriously, seriously wrong at the FDA. All you have to do is read the newspapers, every couple of months there is a new scandal; Accutane, _Vioxx_ , _Celebrex_ , hormone replacement therapy, side effects of Paxil and other serotonin uptake inhibitors that's been hidden. Something is not working there and it's basically the states and local governments are starting

to step in to fill the void.

Last year a law was passed in New York that come July of 2008, it will be illegal to use the full mercury•containing flu shot in the State of New York. Seven other states have passed similar other legislation and that legislation was passed unanimously by all of the State Senators and Assembly members that represent Suffolk County, so that's a good thing. However, for the next upcoming flu season, the children of Suffolk are not going to be protected by that law. And what you can do is simply state that Suffolk County will simply purchase flu shots that do not contain mercury, they're readily available. In my piece here, there is a phone number for Len Lavenda of Sanofi Adventis which is the only flu shot manufacturer in the United States, he can confirm that these shots are available. There's actually a website you can go to, www.vaccineshot.com and you could order them, so it's not that they're not available.

And come 2008, Adventis has a new manufacturing facility going on•line which will be able to produce up to a hundred million vaccine, flu shot doses, and they can produce it either with mercury in it or without. And _Adventis_ says they will do whatever they're asked to do by the market, so Suffolk County is part of the market. I'm pleading with you, please, just buy the stuff that does not have mercury in it, it's just a common sense precautionary measure to protect the children of Suffolk County. Thank you very much. Any questions, I'd be glad to answer.

CHAIRMAN MYSTAL:

Thank you very much. I'm going to open the floor for questioning. Legislator Stern?

LEG. STERN:

Thank you, Mr. Chair. Mr. Gilmore, how are you?

MR. GILMORE:

Good. How are you?

LEG. STERN:

Thanks for being here. A Quick question, whether it's flu vaccine or any

other type of vaccine, isn't it true that there are in many situations still trace amounts of mercury, even in those vaccines that are considered mercury •free?

MR. GILMORE:

From my knowledge, for those shots that are required, essentially the mandatory shots, there is a _Diphtheria _Pertosis_ Tetanus shot that has a trace amount left in it, and I also believe that there is a Hepatitis B shot that still has a trace amount in it. It's hard to get accurate information, but from what I read and what I'm told, those versions are basically not being used in the United States anymore, but they are still licensed to be used in the United States if they wanted to. To my knowledge, those are the only two that still have trace amounts for those shots that are required for children to attend school. You've got to get really specific with this stuff, I'm sorry.

LEG. STERN:

Yeah, understood. But if there was such a prohibition in Suffolk County ••

MR. GILMORE:

Right.

LEG. STERN:

•• in your opinion, would the use of those vaccines that still have those trace amounts of mercury come into compliance?

MR. GILMORE:

Well, it would depend on what kind of action the Legislature took. I mean, if you decided that you were going to go completely mercury•free, if they have trace amounts, those versions of those vaccines would not be legal for use in Suffolk County, or at least at the Suffolk County health facilities.

However, at the same time we are told by the vaccine manufacturers that they're not circulating those anyway. So I would assume if you took a look at the inventory at the Suffolk County hospitals and the clinics, you would find that all the DPT's and the Hepatitis B shots that are in stock would probably be mercury•free.

LEG. STERN:

Very good. Thank you.

MR. GILMORE:

You're welcome.

CHAIRMAN MYSTAL:

Legislator Eddington.

LEG. EDDINGTON:

Thank you very much. Well, actually that's where my question is going, I was wondering if maybe Dr. Graham could address that. Is that the case, that we have mercury•free shots; and if it isn't, how can we do it, how quickly? So maybe we'll get an answer to that question right here.

CHAIRMAN MYSTAL:

Dr. Graham?

CHIEF DEPUTY COMMISSIONER GRAHAM:

Thank you. Yes, as a matter of fact, New York State Law has implemented clearly that the direction that most vaccines currently in production now are going to those that have thimerosal•free or very trace amounts of thimerosal.

I'd like to make it clear, though, in this discussion that the scientific evidence and the hypothesis on whether or not there's a causal relationship between thimerosal in say measles/mumps/rubella or influenza vaccine and whether or not there is a causal relationship with the presence of those products with their thimerosal ingredient and autism has been looked at extensively. In fact, the eighth annual •• the eighth report from the experts in the vaccine consultations that have come before the Institute of Medicine just recently, I believe it was in April of 2004, have the actual quote. When they looked at the evidence of examining the relationship between thimerosal and specifically certain vaccine products like measles/mump/rubella, MMR and influenza products, they rejected the causal relationship between thimerosal and autism; and it's very important

to note that. We don't know exactly what's going on in this case, but it has been extensively looked at. And the overwhelming evidence supports the use of vaccines in children, whether they're measles/mumps/rubella or diphtheria pertussis tetanus, influenza, hemothis influenzae, etcetera, the benefits of those vaccines far outweigh any perceived or theoretical risk and that has to be very clear. And I think there's •• you see in the communities in this country that there is a definite direction that the manufacturers are going by reducing significantly the presence of this substance. But that has to be clear on what •• when they looked at the relationship between thimerosal and specific vaccines, that they rejected a causal relationship between autism and thimerosal.

MR. GILMORE:

May I just answer?

CHIEF DEPUTY COMMISSIONER GRAHAM:

I have the quote here if you'd like to hear it. In fact, I will read it, I think it would be illustrative of the importance of understanding this from the Institute of Medicine. This is from the Immunization Safety Review, "Vaccines and Autism; dated May 17th, 2004, by the Institute of Medicine, quote; "The committee concludes that the body of epidemiological evidence favors rejection of a causal relationship between thimerosal containing vaccines and autisms," unquote.

CHAIRMAN MYSTAL:

Mr. Gilmore, I'm going to give you a couple of minutes to answer that, but I do not want to get into a debate ••

MR. GILMORE:

I understand.

CHAIRMAN MYSTAL:

•• Of autism, causal effect and everything, this is not the place for it.

MR. GILMORE:

Right.

CHAIRMAN MYSTAL:

But I will give you some time to make your point.

MR. GILMORE:

Yeah, I think the jury is still out on whether mercury actually does cause what is specifically defined as autism. There is no question that mercury does cause neurological damage, I mean, the medical literature on that is vast and old. And it seems that there's a precautionary principal in place here, that if we •• you know, the State of New York, the states throughout the country mandate that children use these vaccines; The power of the State is used to do that. I think we also need to use the power of the State to allay the fear of parents and to make sure that whatever these mandated medications are as safe as humanly possible.

Now, it would be really interesting to see what would happen if thimerosal was not grandfathered and someone attempted to introduce that as a new product today. I don't think there's any question, there's no chance whatsoever it would ever be approved as a new product.

And the Institute of Medicine Report that Dr. Graham is referring to, he's absolutely correct about that. But in addition, I don't have the exact quote in front of me, I would be happy to provide it, but one thing that the Institute of Medicine, in that exact same report, did not rule out was the possibility that autism could be caused in a small subset of genetically susceptible people; they did not rule that out.

CHAIRMAN MYSTAL:

Thank you. I wish to remind everybody around the horseshoe that Ms. Judy Pannullo from Suffolk Community Council, she would be very happy to answer any questions, not that you have to ask any questions. But I have Mr. Romaine next on deck.

LEG. ROMAINE:

Well, this one actually is for Judy and it deals with the issue of mental health in this County.

MS. PANNULLO:

Could I bring up Anita Fleishman? She's on our board and she's the head of Pedersen•Krag, she's Executive Director and I did ask her to be here in case there were questions about mental health.

LEG. ROMAINE:

I'm just looking at your statistics and you say that over 50,000 people in Suffolk County use mental health agencies and that those that are using County facilities, there's a three to six month backlog; is that correct?

MR. FLEISHMAN:

That's correct. County and County contract clinics, this is across the County, yes; there's about a three to a six month wait for people to get an intake appointment.

LEG. ROMAINE:

And what accounts for that delay?

MR. FLEISHMAN:

What accounts for the delay is primarily the increase in the number of mandated clients that we have to see within five days.

LEG. ROMAINE:

Because of severe problems.

MR. FLEISHMAN:

Severe problems, exactly. And there's been no growth, there's been no capacity enlargement in, God, about eight to ten years. So we're seeing more and more people that are mandated for our clinics and the people that are waiting to be seen continually get bumped downward and they become the emergency, unfortunately, eventually.

LEG. ROMAINE:

Right. Because they haven't had •• if many of these people could have access to treatment in times less than six months, the severity of their problems would be dealt with before it became to a crisis point; would that be a fair statement?

MR. FLEISHMAN:

There would be no doubt about that. There would be less people in your jails, there would be less people abusing drugs and alcohol and there would be less people with acute psychiatric disorders going to your emergency rooms and hospitals, without a doubt.

LEG. ROMAINE:

Have you made proposals to increase funding ••

MR. FLEISHMAN:

Multiple.

LEG. ROMAINE:

•• to the Executives, both Mr. Gaffney and now Mr. Levy? Because you said this is in the last ten years.

MR. FLEISHMAN:

Yes. Well, we've fought for the expansion of our capacity for many years and we're fighting it not only on a County level but on a State level as well.

LEG. ROMAINE:

Do you have a cost figure allocated that would •• what the cost would be to improve service so that the waiting times could be diminished?

MR. FLEISHMAN:

I don't have one with me right now, but I certainly can provide you with one.

LEG. ROMAINE:

I think that would be helpful to all the committee. You know, as Mr. Zwirn is sitting there in the audience, he's probably saying, well, you've got to weigh, you know, the cost and the benefit, and that's something that Legislators have to do as well. But I'd like to know the cost of that because obviously I know it's an area of health that has been neglected for a long time, mental health problems, and it's really something that we should take a look at because it does have an impact on a lot of people's lives. And if we could

resolve those problems sooner than later, we might prevent other social problems from arising.

MS. FLEISHMAN:

Absolutely.

LEG. ROMAINE:

I think there's a causal effect sometimes and delay sometimes creates an unhealthy situation, not only from a mental health standpoint but from other situations.

MR. FLEISHMAN:

And fiscally as well because you wait and down the road it's going to cost much more, not just in the human sphere but also hospitals, jails, they cost much more than getting someone in for a clinic treatment appointment.

LEG. ROMAINE:

Thank you very much.

MS. FLEISHMAN:

Thank you.

CHAIRMAN MYSTAL:

Just a point of clarification. You said that you have seen more clients or you are being asked to see more clients because of State mandates.

MS. FLEISHMAN:

Yes.

CHAIRMAN MYSTAL:

Has the State come up with more money for those mandates?

MS. FLEISHMAN:

No.

CHAIRMAN MYSTAL:

So In other words, the State mandates something and passes it on to us.

MR. FLEISHMAN:

Well, we've all ••

CHAIRMAN MYSTAL:

We all go through that.

MS. FLEISHMAN:

We all have gotten quite used to unfunded mandates, yes.

CHAIRMAN MYSTAL:

Okay, thank you. Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. Staying in that same vein and with the subset I guess under mental health, my questions go specifically to substance abuse and to the MICA clientele. And also, when you talk about the fact that you're being called on to go ahead and provide services to a greater number of folks vis •a•vis the State mandates, I wonder if we're not also experiencing that as a result of what we're seeing with what we're trying to promote with courts.

MR. FLEISHMAN:

Yes.

LEG. KENNEDY:

We presently are advocating for alternatives to incarceration.

MR. FLEISHMAN:

Yes.

LEG. KENNEDY:

That being said, more and more Probation Officers are making recommendations that folks coming through our criminal justice system are going to your agencies as an alternative. Doctor, what do you see as far as the mental health component and our ability to go ahead and deliver service directly? Do we do •• do we operate mental health clinics?

CHIEF DEPUTY COMMISSIONER GRAHAM:

Oh, absolutely. We have a number of multi-million dollar contracts and services providing mental health services to those who are mentally ill or have some substance abuse disorder or a combination of them. It's over a \$50 million budget in and of itself, it provides extensive services and referral of services to consultants and experts in the field. There's a close collaboration with those who are incarcerated for misdemeanors and felonies and the association with mental illness and substance abuse and there's no question of the value of providing the necessary services to those select individuals.

LEG. KENNEDY:

Are your positions filled, Doctor, in the mental health area?

CHIEF DEPUTY COMMISSIONER GRAHAM:

We can •• that's •• we can review that and get back to you on that, Mr. Kennedy.

LEG. KENNEDY:

In particular, I'm interested in your Nurse Practitioners, your Social Workers, those folks that would fall into the category of direct service providers, therapists.

I'm equally interested to find out, I've spoken to Mr. MacGilvray at length about this, what the department is proposing to do at this point to address the escalation of the client base while at the same time two of the major providers have just been shut down by State enforcement action, Crossings and Lake Grove. Clients didn't go away, patients didn't go away, right?

MR. FLEISHMAN:

A lot fell through the cracks.

LEG. KENNEDY:

What does that mean?

MS. FLEISHMAN:

What does that mean? It means that they're not getting services anywhere,

that's what it means.

LEG. KENNEDY:

Are those ones that are court mandated also?

MR. FLEISHMAN:

No, court mandated we have to take and we have to report if they're not showing up for treatment, but non•court mandated •• there's just so much scrambling one can do. When caseloads of a typical therapist used to be one therapist full•time to 30 and it's now one to 60 ••

LEG. KENNEDY:

And those groups are running six, seven, eight hours a day, five, six days a week.

MR. FLEISHMAN:

Correct.

LEG. KENNEDY:

Right.

MS. FLEISHMAN:

And no doubt, the Mental Health Court, which we've all pushed for for so many years, is a wonderful thing, but that will be in time another unfunded mandate. That we are going to take these people who don't belong in prison, I'm not disagreeing with the concept of it, but I'm just saying you have to expand services. There has to be an expansion, it's going to burst.

LEG. KENNEDY:

I guess I pose the question to the Community Council, then, as well. Similar to what Mr. Romaine spoke about, what is it that you're proposing or advocating on the agency side? I posed the question to the Health Department side. We all know it, we see it, we're aware of it; what are we attempting to do to remedy it?

MR. FLEISHMAN:

We need to look at the entire system, that's my opinion, and we need to

consolidate where we can. I'm not asking •• I'm not saying that we don't need new money, but perhaps there's enough in the system right now that if redistributed could take •• could open up some doors. You said there are agencies closing; well, there's funding for those agencies, where is that going?

LEG. KENNEDY:

Presumably it's being channeled to the existing ones. However, one wonders •• you shake your head no.

MR. FLEISHMAN:

No, it's not being channeled. It's not being channeled.

LEG. KENNEDY:

Uh•huh.

MS. FLEISHMAN:

I mean, this is the same issue with the State and the institutionalization. They were going to close a bed and they were going to put the money in the community; well, that never happened and the same thing now, again.

LEG. KENNEDY:

Okay. I have just •• I need to shift gears just for a second on the autism piece, and it's just a very quick question, I guess, Doctor, for you. What about the vaccines that are coming on to the market now, the new Avian flu, HPV, any of the other ones that are relatively new; have they moved away from thimerosal as a stabilizer, or where is the science?

CHIEF DEPUTY COMMISSIONER GRAHAM:

Yes, that's the direction that vaccines are going, they're reducing substantially the quantity of thimerosal in vaccines. There is no _avian_ flu vaccine per se, the first clinical trial was just completed last month and it was tested in healthy, young adults. But the direction is definitely to reduce substantially or be thimerosal free. And that's a •• because of the concern by American Academy of Pediatrics and other important groups of possible biological, theoretical risk even though it has not been demonstrated to date and any causal relationship has been rejected. But it's a common sense

approach and I think they still realize the overwhelming benefit of these vaccines and their importance to children and to adults as they currently are manufactured.

LEG. KENNEDY:

And let me just make sure I understand what you spoke about before, you said State legislation or State law mandates that our clinics be utilizing negligible amounts of thimerosal•free vaccines?

CHIEF DEPUTY COMMISSIONER GRAHAM:

That's correct. And the only exception to that is, as was mentioned earlier, that in the year 2008 that influenza vaccine in particular would then also be incorporated on that list of having thimerosal•free vaccines.

LEG. KENNEDY:

So that's the only one at this point ••

CHIEF DEPUTY COMMISSIONER GRAHAM:

But that's a very substantial ••

LEG. KENNEDY:

•• that we would be dispensing in our direct service clinics or our contract clinics.

CHIEF DEPUTY COMMISSIONER GRAHAM:

That's correct.

LEG. KENNEDY:

Okay. All right, thank you. Thank you very much, I appreciate it. Thank you, Mr. Chair.

CHAIRMAN MYSTAL:

Legislator Stern?

LEG. STERN:

Thank you, Mr. Chair. A couple of questions. First, given the length of time of a waiting list for those to get services, maybe you could take me through

the process. What •• during that time, what, if any, services are being provided? And specifically, if no services are being provided, are those in need receiving much needed medications and how is that being administered?

MS. FLEISHMAN:

Well, there's a range and it depends upon the particular agency that might be called for •• the person is calling to apply for services. And I can tell you that my experience is that the gamut ranges from, "We're sorry, we're not taking applications right now, good luck and good•bye," to, "Give us your name and number, we'll call you when we have an opening," to, "Tell us what the problems are, we cannot see you right now but we will keep in touch with you and you can call us if anything changes." So there's a wide variance of what happens depending upon the agency that you call.

I can tell you now that most County agencies and County contract agencies are not taking new applications for anyone but what we call a COPS patient which is a person being discharged from the hospital or an emergency room or the mobile crisis team. That's it. And if someone is lucky enough to have an application taken and get a psycho/social assessment and be scheduled two or three months out, when another mandated patient comes, that's the patient that's going to get bumped even further down the road. And it has gotten progressively worse, I would say significantly over the last two years.

LEG. STERN:

And Given those responses, given that's the situation, you're saying then that during that time that they're on waiting lists or have been told to call back, that not only are they not receiving hands on services but not receiving the medications that they may need as well.

MR. FLEISHMAN:

Correct. These are the people that will then self•medicate with street drugs or alcohol, these are the people that will get into trouble and end up in the jails and these are the people that will frequent emergency rooms. And you could •• you see this by just asking the hospitals the numbers, you're can see a dramatic increase in the number of emergency room visits over the last several years, dramatic.

LEG. STERN:

I have some other questions, but did you have another follow•up on that? Because I'll yield.

LEG. KENNEDY:

I just want to do one more on a mental health vein, and it goes to •• and this is for anybody, Doctor or •• I've heard •• we're talking about the mental health forum, the mental health venue, we're talking about individuals that sometimes may be in crisis. I'm aware that the unit over at Stony Brook, _SEEPEP_ I believe is what it's called, is the primary unit for in•hospital evaluation for a psychiatric crisis.

MR. FLEISHMAN:

Yes, correct.

LEG. KENNEDY:

I've also been told very recently that they are severely restricting their ability to go ahead and do intakes for psychiatric evaluation or emergencies.

MS. FLEISHMAN:

That's correct.

LEG. KENNEDY:

What does that mean?

MR. FLEISHMAN:

What it means is that their emergency room becomes so completely filled with people that they can't have •• Stony Brook is the receiving hospital for any agency that feels that someone has to be involuntarily committed, so we call the police and the police take the person down to Stony Brook for an evaluation. They have observation beds, they have emergency room visits, those •• that unit has been so overwhelmed by people coming in that once it reaches a certain point they go on what they call diversion, that means they will not accept anyone into the emergency room. And those people then are instructed, the police anyway, to bring the person to the nearest emergency room which is creating chaos in your community hospitals, that really aren't

prepared nor ready to evaluate these people, many of whom are having an acute psychotic episode.

LEG. KENNEDY:

Doctor, you care to comment?

MS. FLEISHMAN:

You also •• another figure that would be interesting for the Legislature certainly to see is the number of diversions that _SEEPEP_ has gone on in the last two years. We could have it three, four times a month now, weekly practically. And it's such a tremendous disservice, number one, to our police force, and most importantly I believe to our ••

LEG. KENNEDY:

Community hospitals are not equipped to go ahead and handle acute psychiatric emergencies.

MS. FLEISHMAN:

No, they're not.

LEG. KENNEDY:

It is not in the nature of the staffing, it is not in the nature of the _melu_.

MS. FLEISHMAN:

Correct.

LEG. KENNEDY:

Stony Brook in particular was established so that it had the level of security and capability to deal with acute, acting•out, psychiatric emergencies.

MR. FLEISHMAN:

Right.

LEG. KENNEDY:

What •• how do you square this, Doctor, what's going on?

CHIEF DEPUTY COMMISSIONER GRAHAM:

Yes, I would concur with those statements. As a tertiary care center at Stony Brook, that's exactly the reason that they established the comprehensive, psychiatric emergency services there. There are never enough acute hospital beds for those who are acutely in need of them for serious mental disorders and, of course, psychotic disorders or thought disorders would be included in that along with many other multitude of other disorders.

One point I would add is that some psychiatric disorders, specifically certain personality disorders such as anti•social personalities or borderline personalities or paranoid disorders or personality disorders or narcissistic personalities or dependent personality disorders, these are not always amenable to treatment modalities that are currently available because of the pervasive nature of their illness. It's not something that we •• that we seek clearly and there's a clear distinction between that and say an acute psychotic disorder because of a chemical imbalance that can be readily corrected with certain chemicals or substances that are in prescribed medications that direct the few chemicals that we know of in the central nervous system that medications can address. However, the science itself is relatively in its early stages in terms of treatment for disorders that •• in which are known chemical imbalances or _serotonin_ or _banefrin_ and _dopamine_ , etcetera, and these are specifically why chemicals and prescribed medications are used to block the re•uptake of these medicines in the brain. That's exactly why you need extensive research in mental disorders at the Federal level and try to implement and apply that at the local level.

MS. FLEISHMAN:

May I? I think that what the doctor is getting at, maybe not, is the fact that there are many referrals to CPEP that are inappropriate, and I'm not going to deny that either. But that speaks to the system in Suffolk county that doesn't address these issues.

As an example, we have many people in aggregate living care, we have children in foster homes, in therapeutic homes; these children get out of control and it is unsafe for them and for the other people in the home to remain in that home and they're taken to CPEP. Now, if there was a level of

care that's very, very much needed in Suffolk County that we can take these children to, a respite as an example, we wouldn't be using CPEP, we wouldn't be traumatizing the child even further, we wouldn't be using the police. So again, it goes back to being pennywise and pound foolish by not funding. You have to take a look at the system now and see what's necessary now. That's what's causing some of the backup, not enough supervised housing, not enough respite where we can take some of these inappropriate referrals to CPEP too, we have no choice but to send them to CPEP when there's no place else and there's risk involved.

LEG. KENNEDY:

And you would advocate as an alternative something such as a children's shelter or something to that effect.

MS. FLEISHMAN:

Absolutely, short term, 24, 48 hours. Calm them down, speak to them, remove them from the environment that started this. Work with the people in the environment, work with the child, a lot cheaper, a lot less traumatic than an emergency room visit.

LEG. KENNEDY:

We could go on and on and on. I defer, Mr. Chair. Thank you.

CHAIRMAN MYSTAL:

Thank you. Legislator Stern.

LEG. STERN:

Yes, thank you, Mr. Chair. Judy, on the issue of domestic violence; you had mentioned that there is Federal funding for at least some programs?

MS. PANNULLO:

Yes.

LEG. STERN:

What would or what does Federal funding, what is Federal funding used for, what kind of services under domestic violence can we use Federal funds for?

MS. PANNULLO:

Yeah, it's mostly shelter and treatment. There are only a few shelters in Suffolk County and then treatment that, you know, happens in the use office and social workers, so you know, that type of expenditures.

LEG. STERN:

Are there services that are offered throughout Suffolk County that specifically can't be funded using Federal dollars?

MS. PANNULLO:

I'd have to get back to you on that. I have to find out, I don't have a representative here from domestic violence. As I said, we're an umbrella agency so we try to coordinate the work of the agencies for advocacy and planning, so I'll get you those specifics right away.

LEG. STERN:

Very good, I appreciate that.

MS. PANNULLO:

Thank you.

LEG. STERN:

And having conversations with seniors all throughout Suffolk County over the years, I have not come across one who says that they would rather be in a nursing home ultimately than remain in their home. So we all know how important it is to continue the effort to keep seniors, the disabled at home, in the community and not into nursing homes perhaps prematurely.

When you say that one of the things we should be looking at is fully funding a program like BNS, any idea what kind of a dollar amount we'd be talking about to have that kind of a program, "fully funded"?

MR. FLEISHMAN:

No, we would need a representative here.

MS. PANNULLO:

Yeah, I need somebody to get back to you on that. But these are excellent

questions and questions that I definitely will get back to you by the end of the week.

LEG. STERN:

Very good. Thank you.

CHAIRMAN MYSTAL:

Okay, Last but not least, Legislator Eddington.

LEG. EDDINGTON:

Well, I just want to comment because my experience, I'm a clinical social worker, I was a school social worker for 16 years and I just continue to get frustrated. I thought being on this side of the table I would be able to do more, but I'm just seeing in every level of government what I heard when I was just working always as a social worker, we talked prevention, you started off with your thing, you know, the whole little stories, and then we live in the real world and nobody wants to pay for it, and it's very frustrating to me sitting here because we're now in the same situation. We can ask out, these are the things we need, everybody agrees we need more social workers, some nurses and CPS workers, and then as soon as we say, "Okay, we're going to have to raise taxes or where are we going to get the funding," everybody looks the other way. I think we have to sit down all these different groups and come up with a plan and make sure that we can get support from the communities, because we're going around in a circle, it doesn't matter where we're coming from. And I want to get some resolution to this because we have people that are really hurting out there. Yes?

MS. PANNULLO:

I want to thank you for that. And, you know, something that I've pushing for a long time is that the taxpayer actually saves money by the County using the contract agencies, because if the County did it would cost so much more to the taxpayers. So by contracting with community organizations, nonprofit organizations, they are saving money, but I think there has to be some sort of distribution.

Like Ms. Fleishman said before, you know, where is the money that was going to the two other agencies. You know, so there's the distribution inequity that we have to look at and I would love to be part of that, to work

on that to say, "Here's a pot of money, how is it distributed accordingly?"

LEG. EDDINGTON:

You and me both. So, thank you.

CHAIRMAN MYSTAL:

Thank you. Thank you, Dr. Graham. Thank you, Mr. Gilmore. Thank you, Ms. Pannullo. Thank you •• I forgot your name.

MS. FLEISHMAN:

Fleishman, Anita Fleishman.

CHAIRMAN MYSTAL:

Thank you very, very much. We have three cards, all three of them wanted to speak on the same topic which is mercury in vaccines; I don't know if they still want to speak, but I'll call the people anyway. If I call you, you have three minutes and please stay to that three minutes. Ms. Christine Heeren.

MS. HEEREN:

Over there or over here?

CHAIRMAN MYSTAL:

Over there at the podium. Make sure the mike is on.

MS. HEEREN:

Hi. Can you hear me okay?

CHAIRMAN MYSTAL:

Yes.

MS. HEEREN:

Thank you. My name is Christine Zichittella•Heeren, I'm a resident of Middle Island. I'm also the President of the Long Island Chapter of the National Autism Association and also the Coordinator of the annual Long Island Autism Fair and Conference. But most importantly, I'm a Mom to a six year old with autism.

As a leader of these groups and conference, I get a lot of people coming to me and asking, even strangers on the street who see the bumper stickers on my car, and they say, "Oh, is it the vaccines, is it the mercury?" You know, they question why the mercury is in the vaccines to begin with, why is it still in there, and it's hard for me to really explain why it's still in there. And if you have a choice between a mercury-free vaccine and one with mercury, why would you choose the one with mercury? It makes no sense whatsoever.

Studies are being done currently and I think in time, information will come out and, you know, like John said, it's get better to be safe than sorry and it's kind of a common sense approach. And I would love for Suffolk County to pass something like this to show the rest of the State, show the rest of the country that we're really serious about protecting our citizens and not putting a known neurotoxin in vaccines. And I think the thing that it will do, it will promote vaccines, people will feel safer about their vaccines. I know a lot of parents who will not give their children vaccines because of mercury in them, or because they're afraid that there might be mercury in them. So if we pass a law that says you can't have the mercury in the vaccines, people will feel more secure about it, more people will get vaccinated which is the whole point of the vaccination system. And you know, part of your job is to keep people safe from infectious diseases, I think it's a win/win situation and it's a common sense thing. And I really appreciate you guys considering it and letting us talk about it today and everything you have done for the autism community.

One last thing, autism is now one in 166 children; no one has said that today and I think that's really important. And also, a lot of parents wanted to come today and they couldn't because they either had to take care of their kid or work their job to pay for all the services that they need. So thank you very much.

CHAIRMAN MYSTAL:

Thank you. Randi Kessler.

MS. KESSLER:

Hi. My name is Randi Kessler, I am actually not the parent of a child with

any type of autism spectrum disorder but rather the aunt of one. First of all, I want to commend everybody on this committee because I think this is so great that you have the potential to really do some ground•breaking, good work.

Real quickly, my background is in health care and my husband's in the medical field. I also spent many, many years in the pharmaceutical industry and I am •• was the biggest proponent of vaccines, still am, but thought all this stuff about thimerosal was nonsense and, you know, poo•pood it and laughed and thought people were a bunch of nuts, until I became a little more educated.

Obviously, vaccines are still important and my own child was vaccinated. However, I will not allow him any longer to have any kind of vaccine that does contain a known neurotoxin, nor will I let my elderly parents get any flu vaccine that does contain that because there are •• because there's no reason to put something that's known to be poisonous into your system, nor will I have any, and that certainly has implications for all of you.

The other thing that I didn't understand when people talked about autism is that autism isn't just the classic case of what we see on TV where people are •• a child is banging their head against the wall totally devoid of any kind of personality, all your ADHD's, all your what they term Autism Spectrum Disorders that probably anybody who knows anybody with children sees, falls under that category. You know, people who are social workers, people who work in education, everybody will tell you, years ago when I was a kid we had maybe one special ed kid; special ed now accounts for a huge amount of the education budget.

And the question I have to all of you is would you want to go and role up your arm and have somebody inject you with something that contains a known neurotoxin when there's no need for it? Nobody is saying you shouldn't be vaccinated. And here I am, the biggest proponent of vaccines saying, "Until they get it out of flu vaccines or until they get it out of certain required vaccination schedules, I would not give it to my own child."

Secondly, as a person who did work in the pharmaceutical industry for many

years, I look at things on a cost benefit analysis. And as anybody who works in the school district or who works around children will tell you, that the costs are astronomical to the school system and thus the taxpayers. I mean, typically you see your numbers ranging all over the place, but what I keep seeing thrown around is over \$100,000 per year per child. And here the solution is so simple, you can get your single dose vials of vaccine, the reason thimerosal was put in was not as a stabilizer but rather as a preservative to prevent vaccines. And when you have a multi-dose vial and when you •• somebody who has done it, you put the needle in repeatedly for say ten doses of that, you're injecting •• you have the possibility of injecting bacteria into the vial. If you can purchase a multi •• a single-dose vial, I'm sorry, and not need to have the repeated sticks, it just makes common sense to me.

So again, I just want to thank you all very much and just say to consider yourself, would you give this to your child? Would you let your elderly parents take something that's known to be a neurotoxin, especially with all the talk of Alzheimer's and whatnot? And would you yourself do that, especially when there's an alternative available? And I'm very happy to see this being discussed and thank you so much.

CHAIRMAN MYSTAL:

Thank you. Mr. Owen Durney.

MR. DURNEY:

I guess I'm batting clean-up, everybody stole my thunder. We talked about the science of it, we talked about the cost to the taxpayer, we talked about even to a certain degree, you know, the impact in the home. My name is Owen Durney, by the way, I'm a resident of East Patchogue. I also work for the Health Department, but this has nothing to do with the Health Department, these are my own personal views.

The fact that Suffolk County is discovering or discussing this measure I think is important. To put a human face to it, I am the father of a five year old autistic child. And you don't really think about autism and how it impacts

your life until you are faced with it, which I guess is true of any kind of disorder. But it's not just •• it's just not the child that's impacted, it's the entire family structure that's impacted; it's the financial structure, the emotional and the physical structure of the family. So if there is a way that Suffolk County can take a stand and say we recognize that there's a problem out here, there's a lot of science to it, there's a lot of debate back and forth. Certain groups, including the American Academy of Pediatrics, have said that more studies need to be conducted, that nothing conclusive has come out about this.

And Dr. Graham finished up by saying it was a common sense approach, that vaccine companies and the government are moving away from thimerosal and mercury in vaccines and I'm glad that he said that because that's really what it is, it's common sense. You know, it's a known neurotoxin. If you go to the FDA website today, you'll find that there are announcements on why you shouldn't be eating tuna because of the mercury contained in tuna; well, the mercury that's in tuna is nowhere near the levels of mercury that we're using right now in flu vaccines and yet we're very concerned about mercury in the air, mercury in our food supply.

And just to bring it all back to the taxpayer, there is a program in Suffolk County that we pay for, 41% of our Health Department budget goes towards the Bureau for Children with Disabilities, and a large portion of our children in that program, like my son was, are autistic and fall into that spectrum. That's a large •• that's \$177 million, according to the Budget Review Office when I looked it up on your website, it's a lot of money. So, I mean, even on a local level, it does have a local impact to the taxpayer, it costs a lot of money to the family, it costs a lot of money to the County. And there's, of course, like I said, the emotional and physical and financial impact that the entire family structure has to endorse, so I appreciate the fact that you are considering this measure and I hope that you pass it. Thank you.

CHAIRMAN MYSTAL:

Thank you very much. That concludes all the cards. Before we go into the agenda itself, you know, I would like to see if I can get Dr. Graham to come back to the table, we wanted to ask him a couple of questions on bio •terrorism. This is a short discussion, Dr. Graham, I want you to know. It's

about no more than seven minutes, right, no more than seven minutes because we have to go to the agenda, and if it's going over seven minutes I'm going to cut it off and go into the agenda.

CHIEF DEPUTY COMMISSIONER GRAHAM:

I'm at your service, it can be short or as long as you wish.

CHAIRMAN MYSTAL:

No, we don't want it to be long. I would like to go to the agenda and clear this room. Basically •• most of the questions that we want to ask you have been from Legislator Romaine. I know he had written to you a letter asking you some questions, so he would like to know if you have any answers for him right now; you've got the floor.

LEG. ROMAINE:

Thank you very much, Mr. Chairman. I will make this very short; in fact, I'll even concentrate less on my questions and more on why they weren't answered.

I raised these questions at the committee meeting, and subsequent to the committee meeting in an effort to be brief also, I committed these questions in writing to Dr. Harper at the beginning of April. A month has gone by, you know •• obviously, Dr. Graham, and I'll bring to your attention because I haven't seen Dr. Harper since January, I don't know if I'll see him at the committee meetings between now and the end of the year, so maybe you can convey this message to him.

Section 149•2•A of the Suffolk County Code requires that you respond to written questions within five business days of receipt of that. You are in violation of that, you have not answered my questions about bio•terrorism and I am concerned about that for all the reasons that I have enumerated in my questions. When will I expect a written response to my questions, because at this point I'm on the verge of requesting the County Comptroller to do an audit of this program because of major concerns I have about discrepancies, about misuse of funds, misappropriations and the returning of funds that should not have been returned, the failure of purchasing to take place and a whole host of other items. And I'm going and looking at a worst

case scenario because I'm wondering why my questions aren't being addressed that are extremely specific, so perhaps you could give me an answer to that.

CHIEF DEPUTY COMMISSIONER GRAHAM:

I share your concern on the importance of complying with any regulation or code, as you quoted and we respect that and we will honor that, I'm sure. And I'm glad you brought it ••

LEG. ROMAIN:

You haven't honored it in this case.

CHIEF DEPUTY COMMISSIONER GRAHAM:

I'm glad you brought it to our attention specifically, I was not aware of that in particular, that particular code that you mentioned until recently.

LEG. ROMAIN:

I cited it in all my letters now.

CHIEF DEPUTY COMMISSIONER GRAHAM:

Yes, and I'm sure we'll honor that. And we understand where you're coming from and certainly you're certainly entitled to a timely response. And if we cannot get the answer within that period of time, we'll follow up with an appropriate letter to you to indicate when the information will be submitted to you.

But I'm here to address any specific questions that you may have. I'm quite familiar with the importance of these 100% grant funded •• this grant •funded, New York State Program that we're collaborating with. And I'm familiar with much of it, I may be not entirely conversant in the budgetary aspects of it but we have staff here that can also address that as well. I'd be glad to address any of your concerns.

LEG. ROMAIN:

Well, what I will do, because of the Chairman's request for brevity and your commitment that I will have a response to my very simple questions about this program, I will defer this again. But I can guarantee you that I will be

raising this issue again in June with you if I don't have answers. They're very simple questions that don't require a great deal of research. So if you want, I have them with me, I'd be happy to make a photocopy, provide them, you can take them back to the Commissioner; if I can get responses I would appreciate that. But I have grave concerns about this program and I'm looking for this information, essentially to evaluate those concerns.

CHIEF DEPUTY COMMISSIONER GRAHAM:

This program actually is a program that has very clear oversight. Every item, whether it's a piece of equipment or a personnel issue, it is in advance authorized and in writing approved by New York State Department of Health and Bioterrorism staff. There are weekly discussions and it's specifically for the very purpose of avoiding any type of misappropriation or misunderstanding of Federal funds, because these are funds, grants from the Congress, from the U.S. Congress that are released to the Centers for Disease Control and then released to each individual state on a per capital basis. So I think each local health unit is very aware of the importance of making sure that we spend these funds wisely, we claim those that are legitimate and that they have the approval and the authorization from both New York State Department of Health and our own County government. So we were very aware of that and, in fact, we're probably more careful of any expenditures in this than in many other grants.

CHAIRMAN MYSTAL:

You've got 30 seconds.

LEG. ROMAINE:

I just will end by saying my questions not only go to acts of commission, they go to acts of omission. When we return or we do not utilize over \$862,000 that were available for us to utilize for bioterrorism, it raises a great number of questions in my mind. And with that, I will end. If you wish a copy of these, of my letter or a copy of the questions, they're right here and I'd be happy to wait for their response. But again, if they're not here in June I'll be back. Thank you.

CHAIRMAN MYSTAL:

Thank you very much, Dr. Graham. By the way, Section 149•2 is what we

call a Paul Sabatino special.

LEG. ROMAINE:

Absolutely.

CHAIRMAN MYSTAL:

He wrote that law when we were fighting with the previous County Executive, so it is required by anybody who works for the County; if they get a request from a Legislator, they have five business days to respond or they can ask for an extension if it's more complicated. It is the law, it is 149•2. So anyway, now that we have so much fun, we're going to get into the agenda so we all can go home. Thank you.

We're going to start the agenda. Everybody here for the agenda?
We got it, okay.

Tabled Resolutions

1142•06 • A Local Law establishing Suffolk County Citizens Public Health Protection Policy by requiring display of public warning notices regarding pesticides (Presiding Officer, County Executive).

That has to be tabled.

MR. NOLAN:

Yes.

CHAIRMAN MYSTAL:

Because the public hearing was recessed until the next meeting. So motion to table?

LEG. STERN:

Motion.

CHAIRMAN MYSTAL:

Motion by Legislator Stern, second by Legislator Eddington. All in favor? Opposed? Abstain? ***Motion to table carries (VOTE: 5•0•0•0).***

1226•06 • A Local Law creating the East End Health Care Task Force (Romaine). Mr. Romaine, you've got the floor.

LEG. ROMAINE:

Motion to approve.

CHAIRMAN MYSTAL:

You sure you want to do that? Does somebody have a second?

LEG. KENNEDY:

Second.

CHAIRMAN MYSTAL:

Second. Motion to approve. All in favor?

LEG. STERN:

Motion to table?

CHAIRMAN MYSTAL:

You want to make a motion to table it?

LEG. EDDINGTON:

I'll second.

CHAIRMAN MYSTAL:

Okay, Legislator Stern wants to make a motion to table; we're going to kill it, that's why we're going to table it for you.

LEG. ROMAINE:

That's okay.

CHAIRMAN MYSTAL:

Motion to table by Legislator Stern, second by Legislator Kennedy.
All in favor? No? Abstain?

LEG. ROMAINE:

No.

CHAIRMAN MYSTAL:

Legislator Romaine is a no on the tabling. ***Motion to table carries (VOTE: 4•1•0•0 Opposed: Legislator Romaine).***

1394•06 • A Local Law to strengthen nursing home screening requirements (Presiding Officer, Stern). Motion by Legislator Stern, second by myself.

LEG. STERN:

On the motion.

CHAIRMAN MYSTAL:

On the motion.

LEG. STERN:

Thank you, Mr. Chair. This is legislation I'm proud to cosponsor with the Presiding Officer. This is legislation that would require screening for those that are in various positions working with the other end of the spectrum of our •• of Suffolk County's most vulnerable and that is Suffolk County senior citizens. We have these kinds of requirements in place to protect our children, I think this is the next natural step in protecting the other segment of our most vulnerable.

CHAIRMAN MYSTAL:

Anybody else on the motion? No more? All in favor? No? Abstain? Motion carries, ***approved (VOTE: 5•0•0•0).***

Introductory Resolutions

1418•06 • Approving the appointment of Jacqueline Hasson as a member of the Suffolk County Youth Board Coordinating Council representing Legislative District No. 16 (County Executive). She is here if anybody wants to ask her any questions. Ms. Hanson?

CHAIRMAN EDDINGTON:

Hasson.

CHAIRMAN MYSTAL:

Oh, Hasson, I'm sorry. Is it Hanson or Hasson?

MS. HASSON:

Hasson.

CHAIRMAN MYSTAL:

Would you please tell us a little bit about yourself, why you want to mess with this dude.

MS. HASSON:

I have been interested in children almost all my life. I am a teacher since 1962, I have taught elementary school, first grade, fifth grade. I've also taught post•secondary education, young women, young men in a business school that I owned and operated and a secretarial school in Wantaugh; the business school was in New York City and had about 800 students. I've always advocated for my students, especially the young ones who could not advocate for themselves. I am a very fortunate person in my life and I really want work for other people, especially children, to give them a better life and a healthier life, and I think this is one avenue that would be open to me.

CHAIRMAN MYSTAL:

Okay, thank you very much. Anybody have any questions for Ms. Hasson? No? Motion to approve by Legislator Stern, second by myself. All in favor? Opposed? Abstained? ***Approved (VOTE: 5•0•0•0).***

MS. HASSON:

Thank you very much.

CHAIRMAN MYSTAL:

You have one more vote to go through, that's next Tuesday.

1427•06 • Accepting and appropriating 100% State grant funds from the New York State Office of Children and Family Services for the Amy Watkins Caseworker Education Program (County Executive). Motion to approve and put on the consent calendar.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

Second by Legislator Eddington. All in favor? No? Abstentions? Motion carries. ***Approved and placed on the consent calendar (VOTE: 5•0•0•0).***

1481•06 • Requesting Legislative approval for the submission of a grant application to the New York State Department of Environmental Conservation (County Executive). Motion to approve by Legislator Eddington, seconded by Legislator Stern. All in favor? Abstentions? No? Motion carried, ***approved (VOTE: 5•0•0•0).***

Memorializing Resolutions

M020•2006 has been withdrawn.

M023•2006 • Memorializing Resolution in support of establishing standards for nursing homes and assisted living facilities regarding emergency preparedness (Lindsay). Motion to approve by Legislator Eddington, seconded by Legislator Stern. All in favor? On the question?

LEG. ROMAINE:

Yes, on the question.

CHAIRMAN MYSTAL:

Okay, before we call the vote.

LEG. ROMAINE:

A great resolution. Unfortunately, one of the things that a resolution like this would do if it is officially adopted by the State is raise costs. Obviously those are costs that as a public body we support because we want to make sure that those are in place, but it will raise costs.

CHAIRMAN MYSTAL:

Unless you vote against it.

LEG. ROMAINE:

No, no, no, I'm voting for it, but I just want to make that point, that this is a mandate that we're asking for that will raise costs on assisted living facilities, nursing homes, etcetera.

CHAIRMAN MYSTAL:

Counsel, please summarize for us.

MR. NOLAN:

This would require the Director of the State's Homeland Security to assist nursing homes and assisted living facilities with disaster preparedness plans to include plans for reserving food, water, medications, emergency generators and establishing an evacuation plan; that's what it does.

CHAIRMAN MYSTAL:

So it's not going to cost us any money?

MR. NOLAN:

Well, I don't know if there's going to be a fiscal impact to the nursing homes, I don't know.

LEG. ROMAINE:

However, whatever the fiscal impact is, it's worth supporting. I just want to raise that question, that there will be some type of fiscal ••

CHAIRMAN MYSTAL:

I know why you're raising that question, it's for future use. Okay, all in favor? No? Abstentions? Motion carried, **approved**
(VOTE: 5•0•0•0).

Motion to adjourn; hello. Motion carried to adjourn, you are all released from jail.

(*The meeting was adjourned at 1:47 PM*)

***Legislator Elie Mystal, Chairman
Health & Human Services Committee***

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